

SIMPLER ADMINISTRATIVE ARRANGEMENTS FOR ALLIED HEALTH

Allied health Medicare items for people with chronic and complex medical conditions (MBS items 10950 – 10970 and 81100 - 81125).

On 1 January 2009, the requirement that a Medicare rebate for the prerequisite Chronic Disease Management (CDM) care planning items must be claimed before associated allied health services can be provided and claimed was removed. The Minister for Health and Ageing, the Hon Nicola Roxon MP, announced these changes on 9 December 2008 as part of an MBS Review.

These new arrangements will overcome delays experienced by patients and allied health providers when they claim the Medicare rebate for an allied health service where they have a valid referral, but where a claim for the CDM item(s) has/have not been processed.

It is important to note, however, that the eligibility requirements for these allied health services have not changed. Patients must still have a chronic medical condition and complex care needs and be managed by their GP under a GP Management Plan (MBS item 721) and Team Care Arrangements (MBS item 723). Where the patient is a resident of an aged care facility, the GP must have provided MBS item 731 by contributing to a care plan developed by the facility.

The Health Insurance (Allied Health Services) Determination 2008 **still requires that:**

- Medicare benefits for allied health services be available only to eligible patients on referral from a GP;
- the GP must first complete the necessary care planning services;
- allied health services must be recommended in the patient's care plans; and
- allied health providers must have a signed referral form from a GP before they are legally able to provide allied health services that are eligible for a Medicare benefit. This form requires the GP to indicate the number and type of allied health services required. (Note that a specific referral form is prescribed by the Determination).

Allied health professionals cannot pre-empt the GP's decision about the services required by the patient.

Medicare Australia audit and compliance activities will continue to ensure that GPs meet the requirements of these items before making referrals to allied health providers.

If there are any further questions about these changes, please contact Medicare Australia on 132 150 or the Department of Health and Ageing on (02) 6289 4297.